

October 2009- Claims Submitted to Medicaid - Robert

Recip Original ID	Recip F.L.
5816	Rober

Pay to Prov Name	Treating Prov Name	Claim Billed	Claim Paid
BIG HORN BASIN MENTAL HEALTH	BIG HORN BASIN MENTAL HEALTH	11/03/09	11/04/09

Proc Code	Line First Svc Date	Line Last Svc Date	Line Billed Units of Svc	Hours Billed	Line Paid Amt	\$/Hour Billed
H2021	10/01/09	10/31/09	24	6.00	\$672.00	\$112.00

Total For Month	6.00	\$672.00
Average Per Day	0.19	\$21.68

Seized Progress Notes & Supervision Sheets

Proc Code	Hours Recorded	Hours Billed	Difference	Comments
H2021	0.00	6.00	-6.00	No seized records